

The Effects of Domestic Violence, Mental Health and Substance abuse on Repeat Child Maltreatment

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Quantitative Study

This research study examined the impact of domestic violence, mental health and substance abuse on repeat child maltreatment by means of non-experimental exploratory research design. Information was gathered from chart review of 111 child protective cases throughout the Lincoln Trail Region closed between January 2002 and June 2002. The results indicated that there is a significant decrease in repeat child maltreatment when services are offered to families and to the person with access. When there was a presence of domestic violence, mental health and substance abuse but not address on safety plans, case plans, and aftercare plans, there was an increase in repeat child maltreatment.

Qualitative Study

This research study examined the impact of domestic violence, mental health and substance abuse on repeat child maltreatment by means of face to face semi-structured interviews with seven Family Service Workers currently employed in the Lincoln Trail Region. Themes emerging from the qualitative analysis were (a) participants feel counseling and anger management services are limited, (b) ineffective parenting and lack of services make it more probable for abuse to reoccur and (c) mental illness often stands in the way of a parent's ability to safely parent their children.

Implication for Practice and Policy

The results of both of these studies suggest that workers need a better understanding of the impact of domestic violence, mental health and substance abuse on repeat child maltreatment. This may be accomplished through training that focuses on assessment and documentation of domestic violence, mental health and substance abuse as well as addressing these issues on case plans and during aftercare planning.

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Introduction

- **Purpose of Study:** To gain a better understanding of the impact domestic violence, mental health and substance abuse have on repeat child maltreatment through chart file review (quantitative study) and child welfare workers' perspective (qualitative study).

Literature Review

- **Substance Abuse:** It is estimated that 40 percent of confirmed cases of child abuse are related to substance abuse (Bethea, 1999, p. 1579).
- **Domestic violence:** Child abuse is 15 times more likely to occur in families where spousal abuse has occurred (Bethea, 1999, p. 1577).
- **Mental Health Problems/Issues:** Individuals with mental health diagnosis were 80 to 90% more likely to abuse their children (McCurdy, 1995).
- **Children Family Service Review (CFSR)** report found SA as an issue in 44.1% of cases, DV in 47.5% of cases and MH in 16% of cases in Kentucky (CFSR report, September, 2004).

Importance to Social Work

- This is an important research topic for social work because children in homes where domestic violence, mental health or substances abuse issues are present are at higher risk of being abused or neglected.
- The results of this study could be helpful in reinforcing the importance of making training and professional development opportunities related to these issues available to child welfare workers who must assess and work with these issues on a daily basis.

Research Questions

➤ Quantitative Questions:

- What is the relationship between repeat child maltreatment and the existence of domestic violence, mental health and substance abuse in the family?

➤ Qualitative Questions:

- What is the worker's perspective on the relationship of repeat child maltreatment to domestic violence, presence of mental health issues, and substances abuse issues in the family?

Methodology

Quantitative Study

- **Research Design:** Non-experimental study using a chart review to examine repeat child maltreatment.
- **Sample:** The final sample (n=111) was drawn from the total number available closed child protection cases (n=168) from Lincoln Trail Region for the time period from January 2002 and June 2002.
- **Data Collection:** A chart file review was completed on a 111 cases to determine the effects of DV, MH and SA on repeat child Maltreatment. Each case review consisted of examination of the documents that contained information on history, assessment, services provided, safety planning, case planning, and aftercare planning.
- **Key Variables:** **Repeat maltreatment** was defined as a reported new incident of child abuse and/or neglect either substantiated or unsubstantiated that meets the criteria defined by Kentucky's Revised Statutes within two years after case closure. **DV, MH and SA** were accepted as being present in the case if the worker completing the assessment selected the issue as being a safety concern in the family. Police reports, medical reports, court reports and self reporting by the victims was accepted.

Results

Sample Description

- **Final Sample:** 111 cases had information on study variables out of 168 available cases (66% of available cases)
- **Type of case**
 - 43% (n=46) of cases were families in need of services (FINSAs)
- ***Substantiated Cases:***
 - 30% (n=33) of cases had primary program of neglect
 - 22.4% (n=24) of cases had primary program of physical abuse
 - 3.7% (n=4) of cases had primary program of sexual abuse
- **% of Children Removed:**
 - 42.5%(n=45) of cases had history of child being removed
- **Household**
 - 39.6% (n=42) were single parent headed households, 27.4% (n=29) were married, 19.8% (n=21) were divorced, 10.4% (n=11) were cohabiting and 2.8% (n=3) were widowed
 - 44.8% (n=47) of cases had children under age of 3
- **Incidence of repeat maltreatment**
 - Since case closure 31.5% (n=29) of cases had incident of repeat maltreatment
- **History of domestic violence, mental health issues, or substance abuse**
 - 70.6%(n=77) of cases had history of domestic violence
 - 57.5%(n=61) of cases had history of mental health
 - 51%(n=53) of cases had history of substance abuse

Results

What does the chart file review reveal about domestic violence, mental health and substance abuse? (n=111)

Variable	DV	MH	SA
History of Problem/Issue	70.6 (n=77)	57.5 (n=61)	51.0 (n=53)
Safety Factor (CQA)	54.3 (n=57)	31.1 (n=32)	33.3 (n=33)
Services offered	33 (n=35)	58.1 (n=61)	30.8 (n=32)
Services accepted	31.1 (n=33)	57.1 (n=60)	32.0 (n=33)
Addressed on Safety Plan	17.3 (n=17)	28.3 (n=28)	20.5 (n=18)
Addressed on Case plan	16.7 (n=16)	38.5 (n=35)	22.9 (n=19)
Addressed on Aftercare Plan	11.9 (n=12)	33 (n=33)	15.3 (n=13)
Person w/ access offered services	22.1 (n=23)	N/A	N/A

Results

**What does the chart file review reveal about practice activities meeting policy guidelines in cases involving domestic violence, mental health and substance abuse?
(n=111)**

Practice Activity	% (n)
Home visits meet policy guidelines	51.1 (n=48)
CQA completed at case closure	83.5 (n=81)
Aftercare plan completed at closure	70.4 (n=69)
Case planning meets policy guidelines	64.9 (n=63)

Results

What does the chart file review reveal about presence of domestic violence, mental health issues/problems and substance abuse in cases where there was repeat child maltreatment (n=29)

Variables:	DV	MH	SA
History of Problem/Issue	82.6 (n=25)	51.7 (n=15)	51.7 (n=15)
Safety Factor on CQA	75.9 (n=22)	28.6 (n=8)	34.5 (n=10)
Services offered	32.1 (n=9)	51.7 (n=15)	27.6 (n=8)
Services accepted	31 (n=9)	51.7 (n=15)	32.1 (n=8)
Addressed on Safety Plan	10.7 (n=3)	23.1 (n=6)	29.2 (n=7)
Addressed on Case Plan	7.4 (n=2)	30.4 (n=7)	22.7 (n=5)
Addressed on Aftercare Plan	3.7 (n=1)	29.6 (n=8)	17.4 (n=4)
Person w/ access offered services	10.7 (n=3)	N/A	N/A

Results

What does the chart file review reveal about practice activities meeting policy guidelines in cases involving domestic violence, mental health and substance abuse and repeat maltreatment? (n=29)

Practice Activity	% (n)
Home visits meet policy guidelines	42.9 (n=12)
CQA completed at case closure	82.1 (n=23)
Aftercare plan completed at closure	64.3 (n=18)
Case planning meets policy guidelines	64.3 (n=18)

Is there a relationship between repeat maltreatment and presence of domestic violence, mental health issues, and substance abuse ?

Case Characteristics	Repeat Maltreatment After Case Closure		Chi-Square value	Sig.
	Yes	No		
Domestic Violence				
History of DV (n=63)	25	37	10.25	.006*
Safety Factor CQA (n=48)	22	25	9.85	.007*
Services Offered (n=32)	9	23	3.33	.189
Services Accepted (n=30)	9	31	2.79	.274
Person with Access (n=21)	3	18	5.98	.050*
Mental Health				
History of MH (n=51)	15	35	3.26	.195
Safety Factor CQA (n=26)	8	17	.050	.975
Services Offered (n=53)	15	38	9.14	.010*
Services Accepted (n=53)	15	37	4.21	.122
Substance Abuse				
History of SA (n=46)	15	29	.234	.889
Safety Factor CQA (n=28)	10	17	.177	.915
Services Offered (n=30)	8	21	1.03	.596
Services Accepted (n=30)	9	20	.449	.799

Discussion

- There is a significant decrease in repeat child maltreatment when services are offered to families and to the person with access.
- When there is a presence of DV, MH and SA but not address on safety plans, case plans, aftercare plans there was an increase in repeat child maltreatment.
- Even though data did not always indicate statistical significance some data points toward trends that are clinically important to social work.
- Domestic Violence was most present when there was repeat child maltreatment.
- Chi-Square testing found a history of DV, DV on CQA, and person with access being offered services to have a significant relationship with repeat child maltreatment.
- Chi-Square testing also found a significant relationship between mental health services being offered and repeat child maltreatment.

Qualitative Study Methods

- **Design:** Face to face semi-structured interviews.
- **Sample:** Non-probabilistic purposive (judgmental) sample. The sample consisted of 7 social workers with various levels of experience and education that are currently working in the Lincoln Trail Region.
- **Data Collection:** The interview guide used open-ended questions in order to engage the worker to express their thoughts regarding services relating to DV, MH and SA. Each interview lasted 30 minutes. Responses were written by the interviewers and later analyzed.

Qualitative Study

■ Research Question:

- What is the worker's perspective on the relationship of repeat child maltreatment to domestic violence, presence of mental health issues, and substance abuse issues in the family?

Results

■ Sample Description

Seven female social workers were interviewed. Their level of experience ranged from 2 years to 28 years.

Workers represented various counties and positions in the Lincoln Trail Region. Workers experience working with DV, SA and MH varied based on work experience and job description.

Results

Using Tesch's method for analysis of qualitative data, the following themes were found:

1. Counseling & Anger Management services are limited

"For the person with the access, we often offer to them anger management, individual counseling services to address their anger issues. Unfortunately in our area services to offer the PWA are very limited and are most often anger management, DV classes, or counseling."

2. Ineffective Parenting & Lack of Services make it more probable for abuse to re-occur

"Drugs and alcohol use cause families and individuals to become incapable of caring for their children appropriately and is often a source Of domestic violence

3. Mental illness often stands in the way of a parent's ability to safely parent their children

"Some of the children in these cases suffer due to the inability of the parent to adequate parent and meet the needs of their children because of mental illness."

Discussion of Qualitative Results

- Workers are frustrated with the lack of services available in Lincoln Trail Region to meet the needs of families.
- Parents' abilities to effectively parent their children is greatly impacted by domestic violence, substance abuse, and mental health issues.
- DV, SA, and MA have a great impact on the lives of children.

Conclusion and Future Research

■ **Main Points:**

- Ineffective documentation and casework may lead to a poor understanding of the issues within the family.
- More specialized services need to be offered to families with children under the age of three who are effected by DV, SA, and MA.

■ **Implication for Policy and Practice:** More training is needed regarding assessments, documentation, the development of case plans and after-care planning.

■ **Strengths/Limitations of Project:**

- Better understanding of how DV, MH and SA impact repeat child maltreatment.
- Missing data, secondary data, and limited service area.

■ **What you would do differently?:** Develop a more specific chart review form.

■ **Future research:** Evaluate the effects of specialized services on DV, SA, and MH.